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Application Number	09/768,558
Filing Date	1-25-01
First Named Inventor	Shvadron
Art Unit	2631
Examiner Name	unknown
Attorney Docket Number	00280062AA

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<input checked="" type="checkbox"/> Firm or Individual Name	Michael E. Whitham				
Address	11491 Sunset Hills Road				
Address	Suite 340				
City	Reston	State	Va.	ZIP	20190
Country	U.S.A.				
Telephone	703-787-9400	Fax	703-787-7557		

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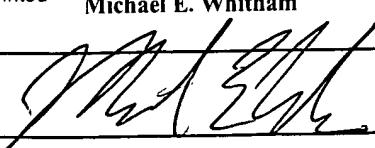
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- Applicant/Inventor.
- Assignee of record of the entire interest.
- Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- Attorney or Agent of record.
- Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed Name **Michael E. Whitham**

Signature 

Date **3-7-03**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of **1** forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.